

MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)

SERIAL NO.

101594446

FILING DATE

9-27-6

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1 ST AMENDMENT		AFTER 2 ND AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	/		/			
2		/	/	/		
3	/		/	/		
4	/		/			
5	/		/			
6	/		/			
7	3		/			
8	2		/			
9	/		/			
10	/		/			
11	2		/			
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49						
50						
TOTAL IND.	1		1			
TOTAL DEP.	20	←	21	←		←
TOTAL CLAIMS	21		22			

	AS FILED		AFTER 1 ST AMENDMENT		AFTER 2 ND AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
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100						
TOTAL IND.				↓		
TOTAL DEP.				←		←
TOTAL CLAIMS						←